

Name
in
Full

Charles Ashton Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

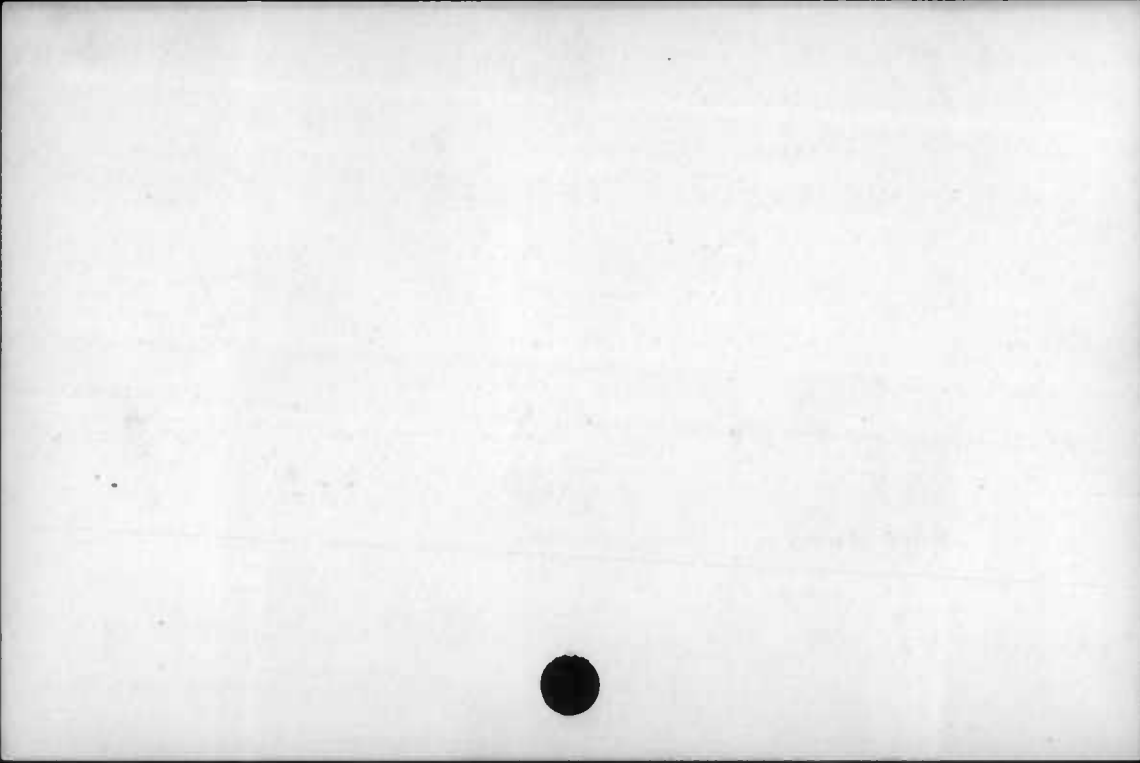
Died at <u>Ripley</u> Town		<u>Chas.</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>June</u>	Day <u>27</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u> Days <u>5</u>
Sex <u>Male</u>	Color or Race <u>collord</u>		Birth-place <u>Chas. co Md.</u>		
Occupation <u>none</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>William Ashton</u>			Father's Birthplace <u>Chas co Md.</u>		
Mother's Maiden Name <u>Mellan Queen</u>			Mother's Birthplace <u>Chas. co Md.</u>		
Name of person giving information <u>William Ashton V</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	How long
<u>Unknown</u>	How long
Immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>No Physician attending</u>
<u>C. D. Carpenter</u>	Address <u>Ripley</u>
Accident or Suicide? <u>Sub. Regi. 2nd district Chas. co. Md.</u>	



Name
in
Full

Oscar Campbell

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bryantown

Charles

Date

of death 1909 June 21

Age

Years

Months

Days

5

Sex

male

Color or
Race

cov'd

Birth-
place

md

Occupation

Where Residing if not
at place of death

TO BE ANSWERED BY
NEAREST FRIEND

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Reverend Campbell

Father's
Birthplace

md

Mother's
Maiden Name

Lizzie Campbell

Mother's
Birthplace

md

Name of person giving
Information

Reverend Campbell

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Gastro Enteritis

How long

5 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

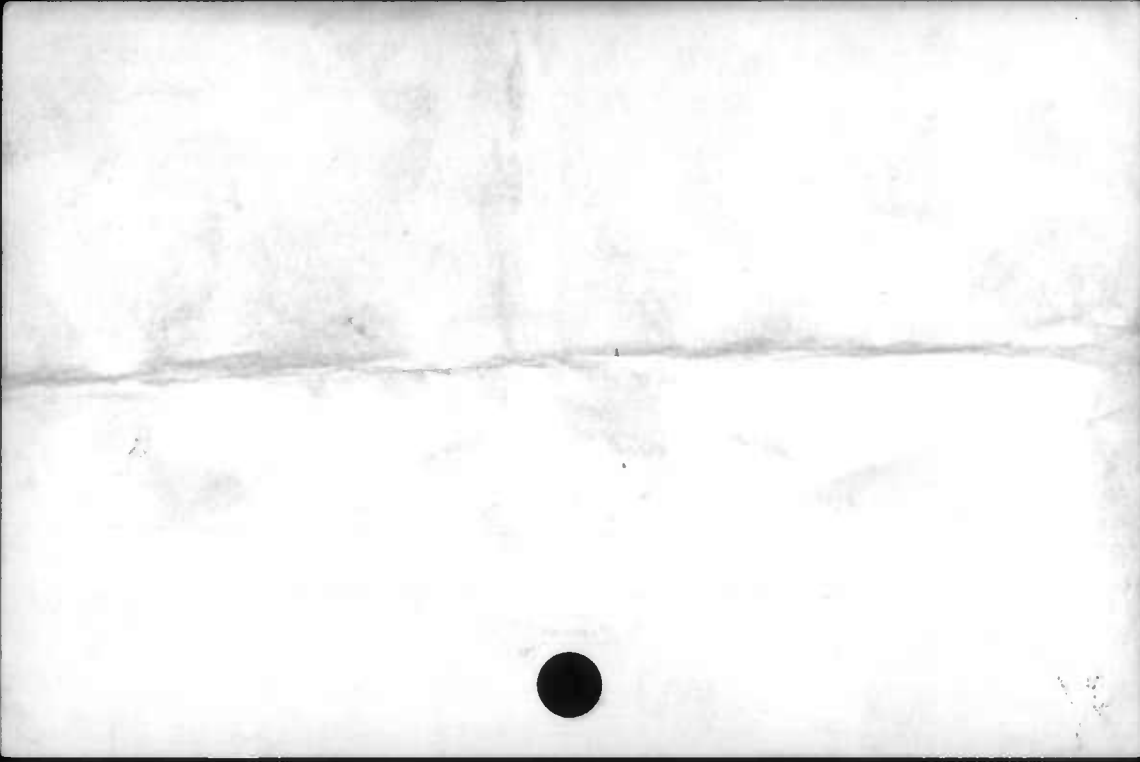
Signature of
Physician

Address

L. C. Condon, M.D.
Bryantown, md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Ching
Town

County Charles

MARYLAND

Died at Wicomico

Date of death 1909 June

Day 5 - Age

Years

Months

Days

Sex Female

Color or Race white

Birth-place Charles

Occupation none

Where Residing if not at place of death

Charles

Married, Single or Widowed

Name of Wife or Husband

Father's Name Thos. Ching

Father's Birthplace Charles

Mother's Maiden Name Pearl Penn

Mother's Birthplace Charles

Name of person giving Information Thos Ching

How related to deceased Mother

CAUSES OF DEATH

Primary Throat

How long 100
Three weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. S. Yalis
Art H. Roy

Accident or Suicide

PHYSICIAN OR CORONER



Name
in
Full

Bessie Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hanover</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>June</i>	Day <i>18</i>	Age	Years <i>2</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Md</i>		Months <i>2</i>	
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>		
Father's Name <i>Alexander Craig</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Susan Craig</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Harold Bruce</i>			How related to deceased <i>None</i>		

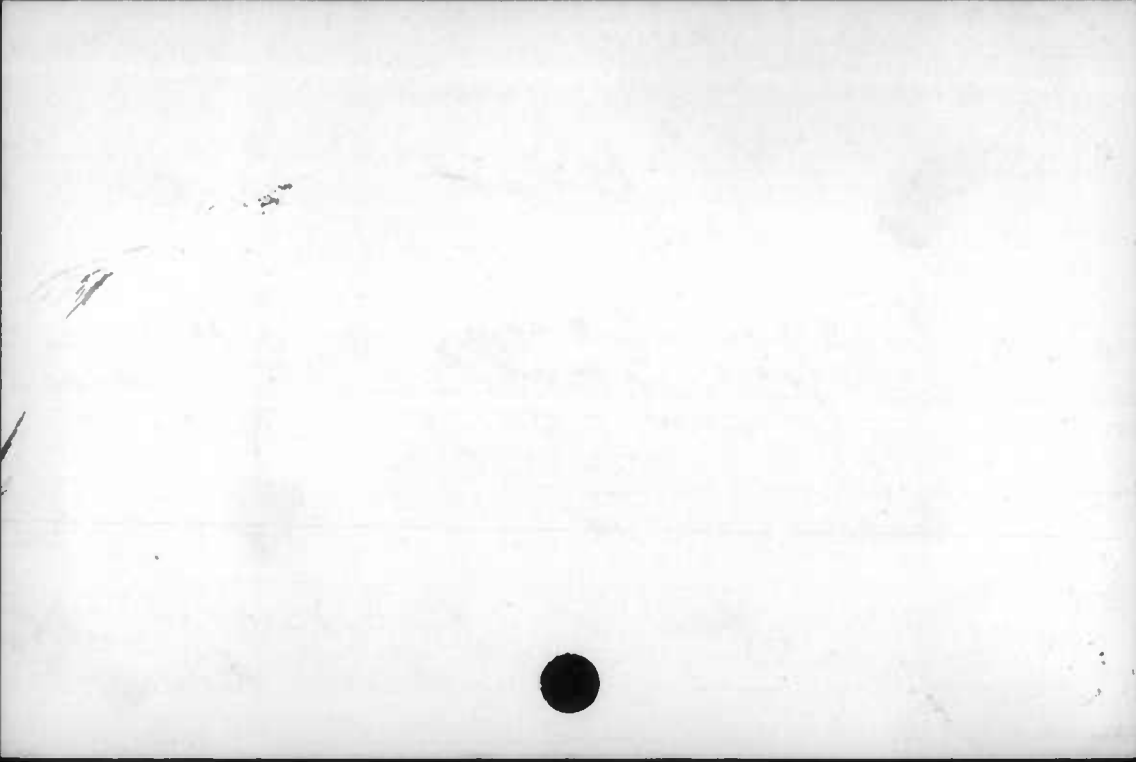
CAUSES OF DEATH

How long
about ten days

How long
days

PHYSICIAN
& CORONER

Primary <i>Measles</i>	How long <i>about ten days</i>
Immediate	How long <i>days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James M. Wheeler</i>
	Address <i>Sub-Registrar</i>
Accident or Suicide? <i></i>	



Name
in
Full

Viola Craig

CERTIFICATE OF DEATH

Died at <i>River Side</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>16</i>	Age <i>6</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Thomas Craig</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Mary Scott</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>John Craig</i>			How related to deceased <i>Talker</i>		

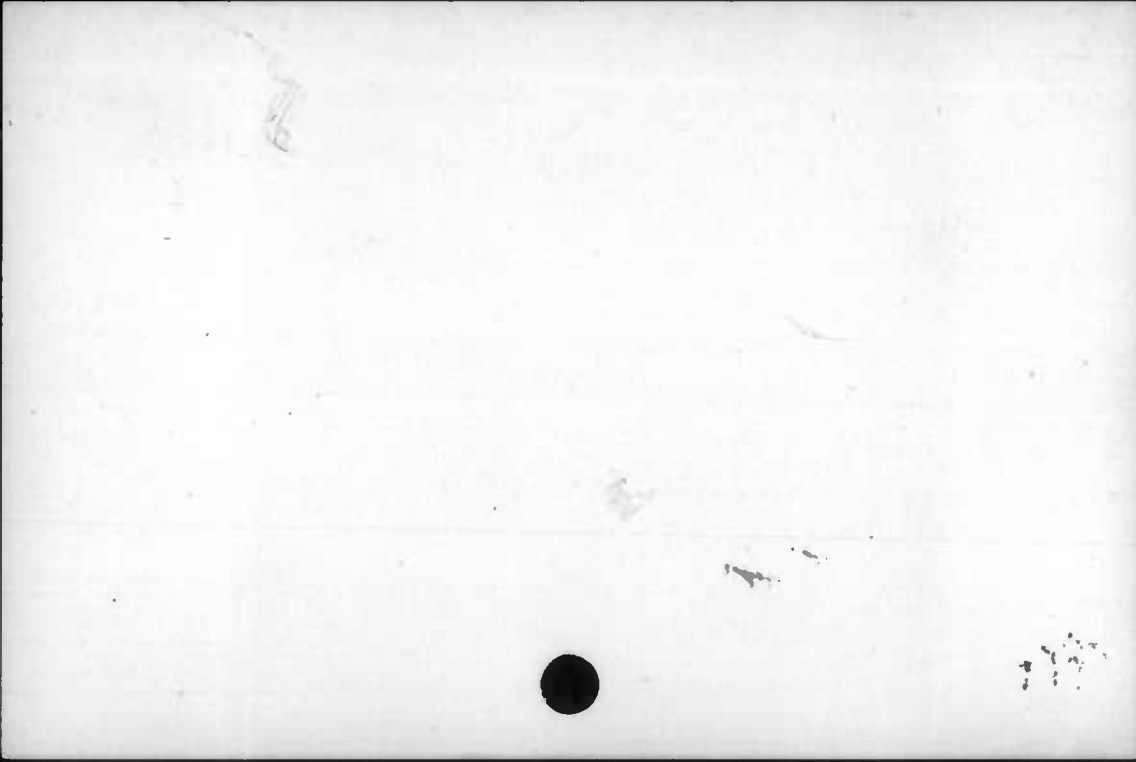
CAUSES OF DEATH

87

Primary	<i>Deep cold</i>	How long	<i>5 or 6 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James M. Wheeler</i>	
		Address <i>Sub-Registrar</i>	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name
in
Full

Eleanor E. Forrest

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

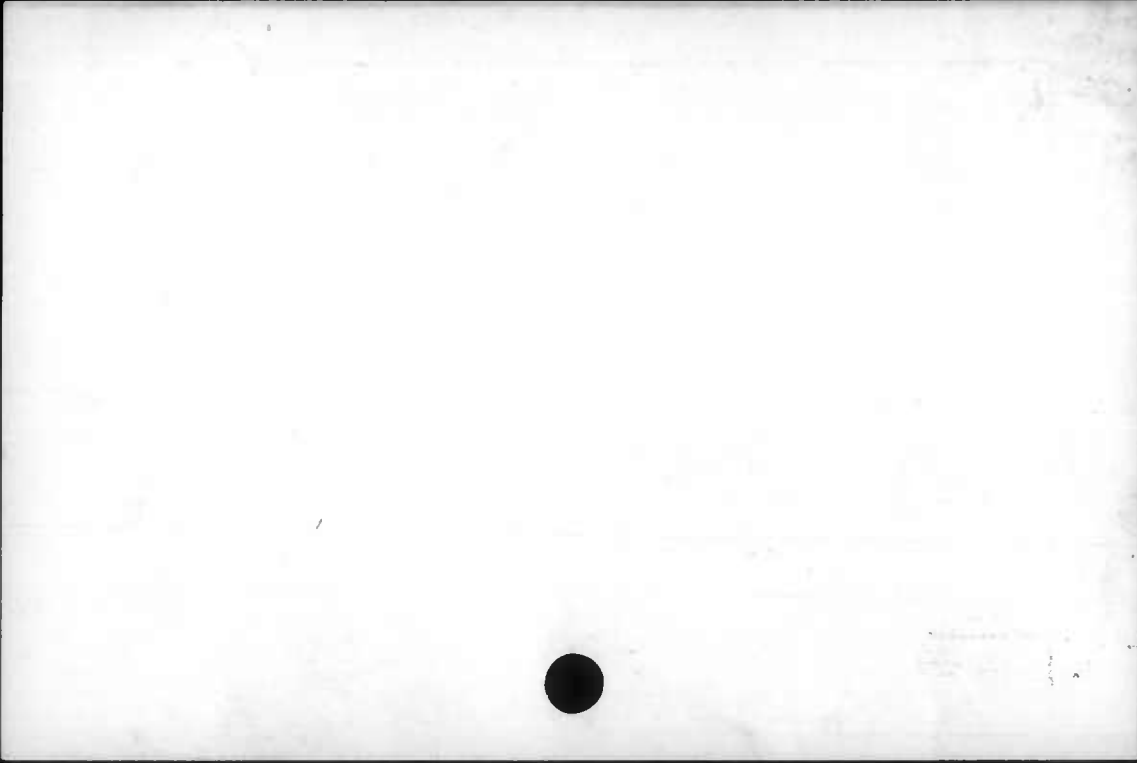
Died at <i>near La Plata</i>		Town <i>Charles</i>		County <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>24</i>	Age <i>—</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>colored</i>	Birth-place <i>Charles tw</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>James Forrest</i>	Father's Birthplace <i>Charles tw</i>				
Mother's Maiden Name <i>Mary Birnie</i>	Mother's Birthplace <i>Charles tw</i>				
Name of person giving Information <i>Mary Birnie</i>	How related to deceased <i>mother</i>				

CAUSES OF DEATH

105

PHYSICIAN
CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 days</i>
Immediate <i>General exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen, M.D.</i>
	Address <i>La Plata</i>
Accident or Suicide <i>no</i>	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

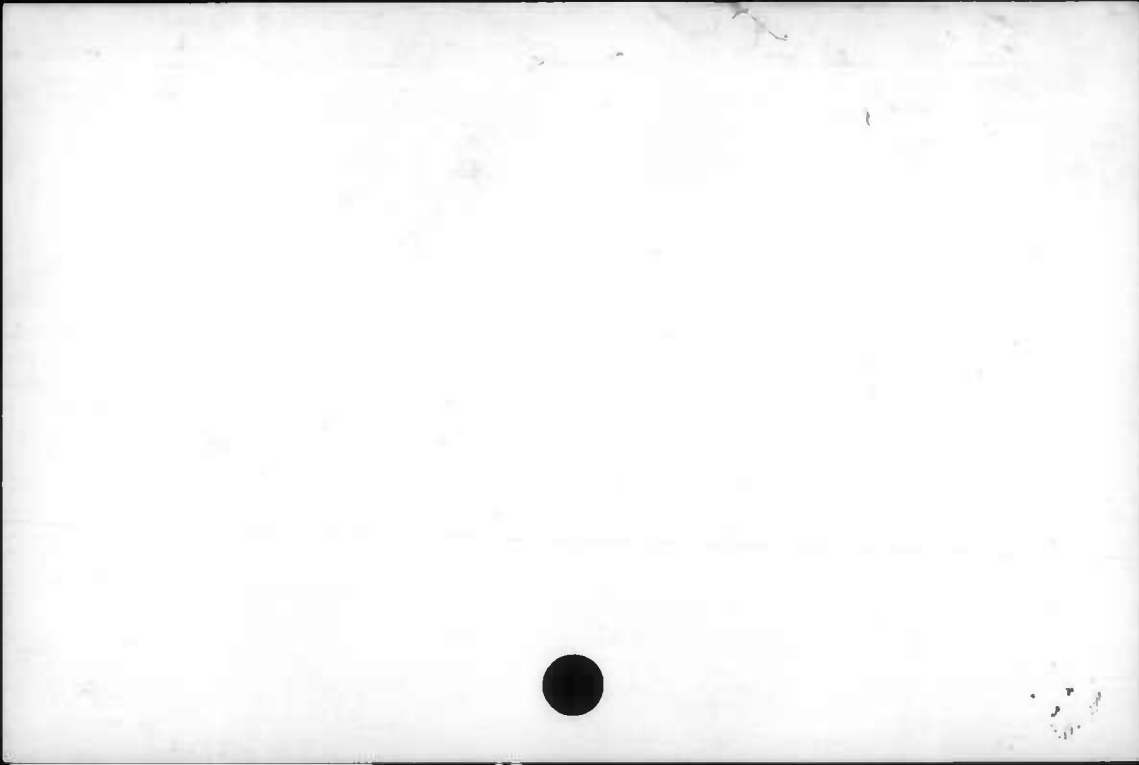
Name *Jonas Gardiner* Town *Mar Bryantown* County *Chanc* MARYLAND
Died at *Mar Bryantown*
Date of death *1909* Month *June* Day *27* Age *67* Months *-* Days *-*
Sex *Male* Color or Race *White* Birth-place *Md*
Occupation *Farmer* Where Residing if not at place of death *At home*
Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *Thomas S. Gardiner* Father's Birthplace *Md*
Mother's Maiden Name *Eliza Inmarch* Mother's Birthplace *Md*
Name of person giving Information *Albert Gardiner* How related to deceased *Brother*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chalazomphule* How long *Then Good*
Immediate *swollen* How long *Hours*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *L. O. Inmarch*
Address *Salisbury Md.*
Accident or Suicide *No*



Name
in
Full

Amanda Hawkins.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

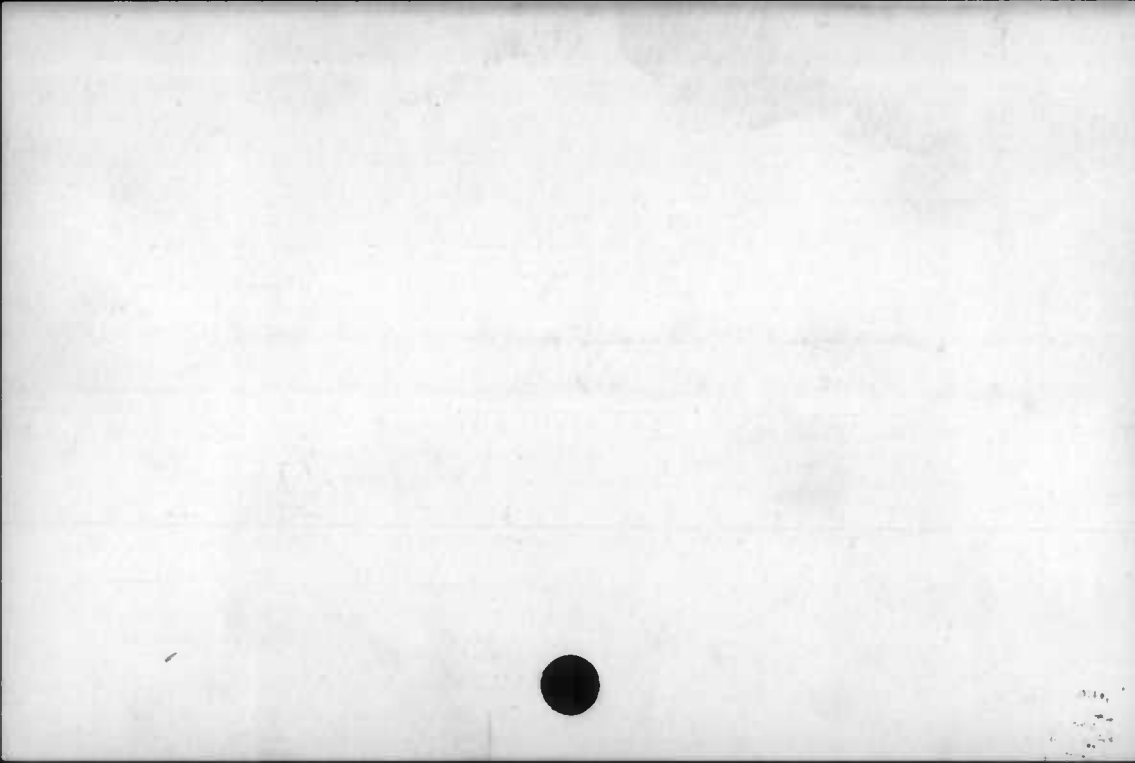
Died at <u>Pisgah</u> Town		County <u>Charles</u>		MARYLAND	
Date of death	<u>1909</u>	Month <u>June</u>	Day <u>21</u>	Age <u>43</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Charles Co. Md.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Lewis Hawkins</u>		Father's Birthplace <u>Charles Co. Md.</u>			
Mother's Maiden Name <u>Caroline Greaser</u>		Mother's Birthplace <u> </u>			
Name of person giving information <u>Nanny Thompson</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>6 mos.</u>
Immediate	<u> </u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Geo. C. Bicknell</u>	
		Address <u>Pisgah, Md.</u>	
Accident or Suicide? <u> </u>			



Name
in
Full

CERTIFICATE OF DEATH

James A. Hawkins
Town *Hagerstown* County *Charles*

MARYLAND

Died at *Hagerstown*
Date of death *1909* Month *June* Day *3* Age *—* Years *—* Months *14* Days *—*

Sex *Male* Color or Race *Caucasian* Birth-place *Ind.*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *James A. Hawkins*

Father's Birthplace *Ind.*

Mother's Maiden Name *Mary A. Dyles*

Mother's Birthplace *Ind.*

Name of person giving information *James A. Hawkins*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Acute Bright's Disease* How long *2 weeks*
Immediate *Pulmonary Embolism* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

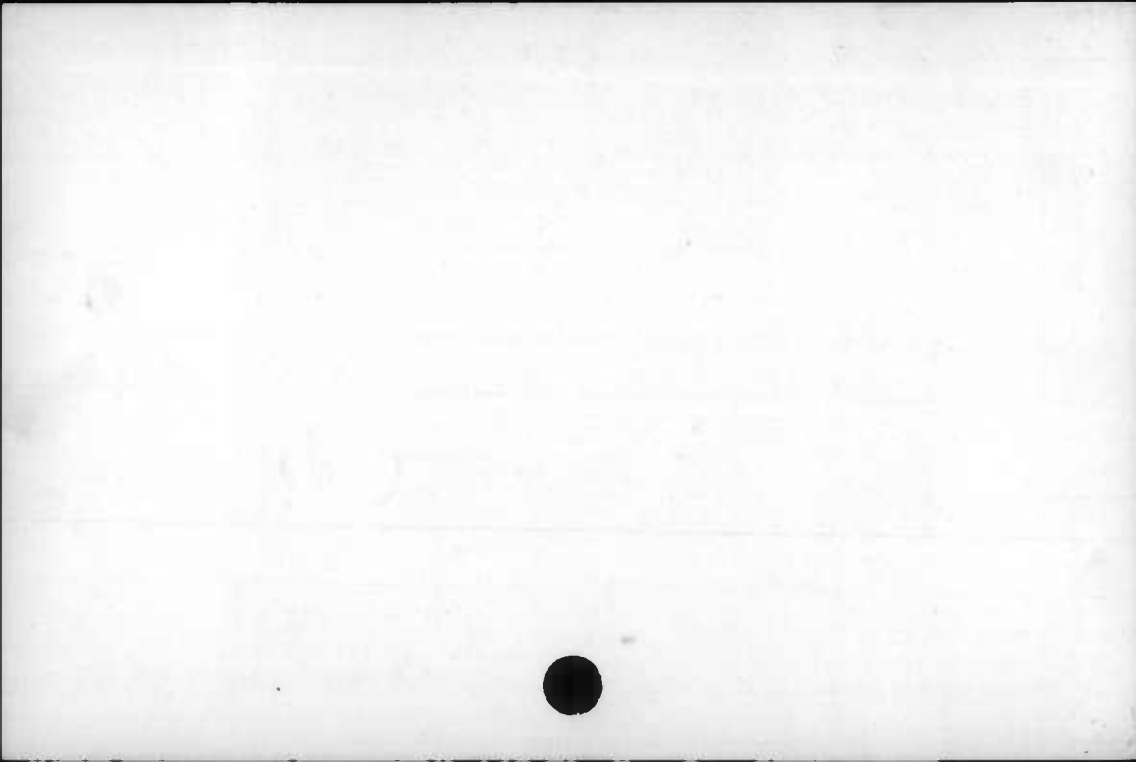
Signature of Physician *L. E. Williams*
Address *Ind.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

Frelle Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

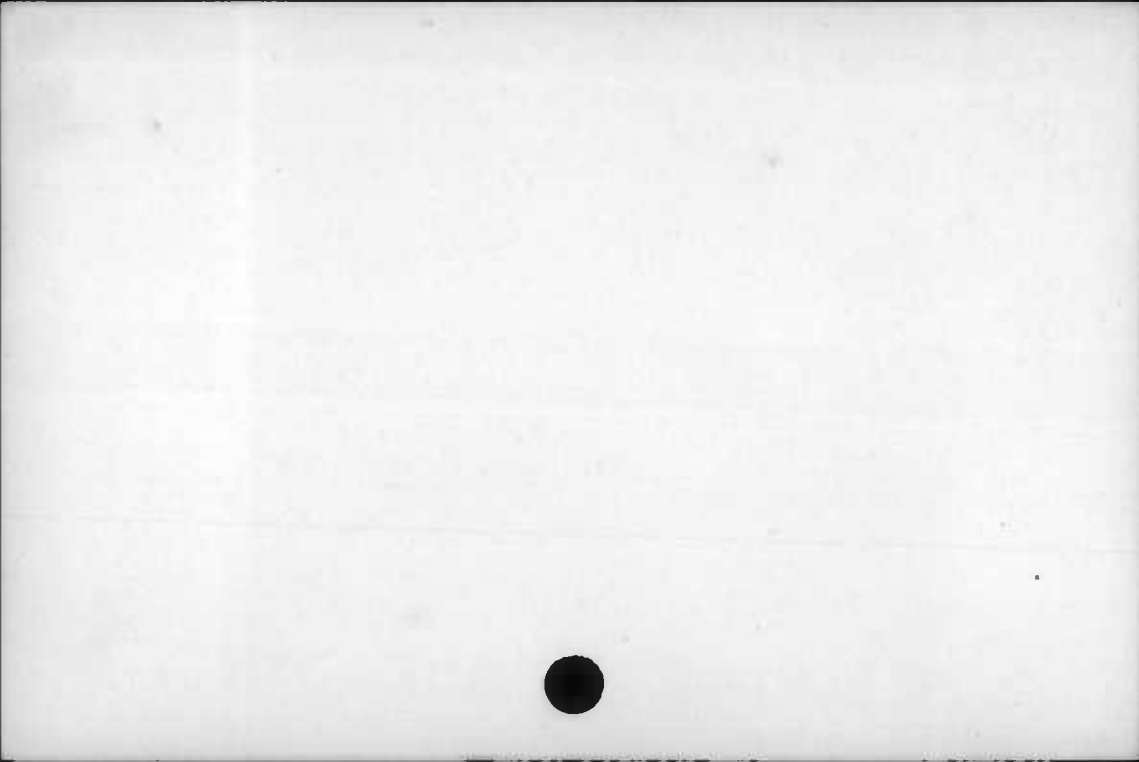
Died at <i>Dorchester</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>28</i>	Age <i>27</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>House Wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Beal Jackson</i>				
Father's Name <i>Thomas Saboy</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Alexander Dorsey</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>8 or 10 months</i>
Immediate <i>of Stomach</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James M. Wheeler</i>
	Address <i>Sub-Registrar</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Allen's Fresh* Town *Jordan* County *Charles*
Date of death *1909 June 19* Age *—* Months *—* Days *—*
Sex *Male* Color or Race *Colored* Birth-place *Chas. Co.*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *Frank Jordan* Father's Birthplace *Chas. Co.*
Mother's Maiden Name *Emma Day* Mother's Birthplace *Chas. Co.*
Name of person giving Information *Mary Day* How related to deceased *Grandmother*

CAUSES OF DEATH

Primary *Still born* How long *—*
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

Charles H. Roby
Belair - Sub Registrar
Charles Co., Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Robt. L. Kempf

CERTIFICATE OF DEATH

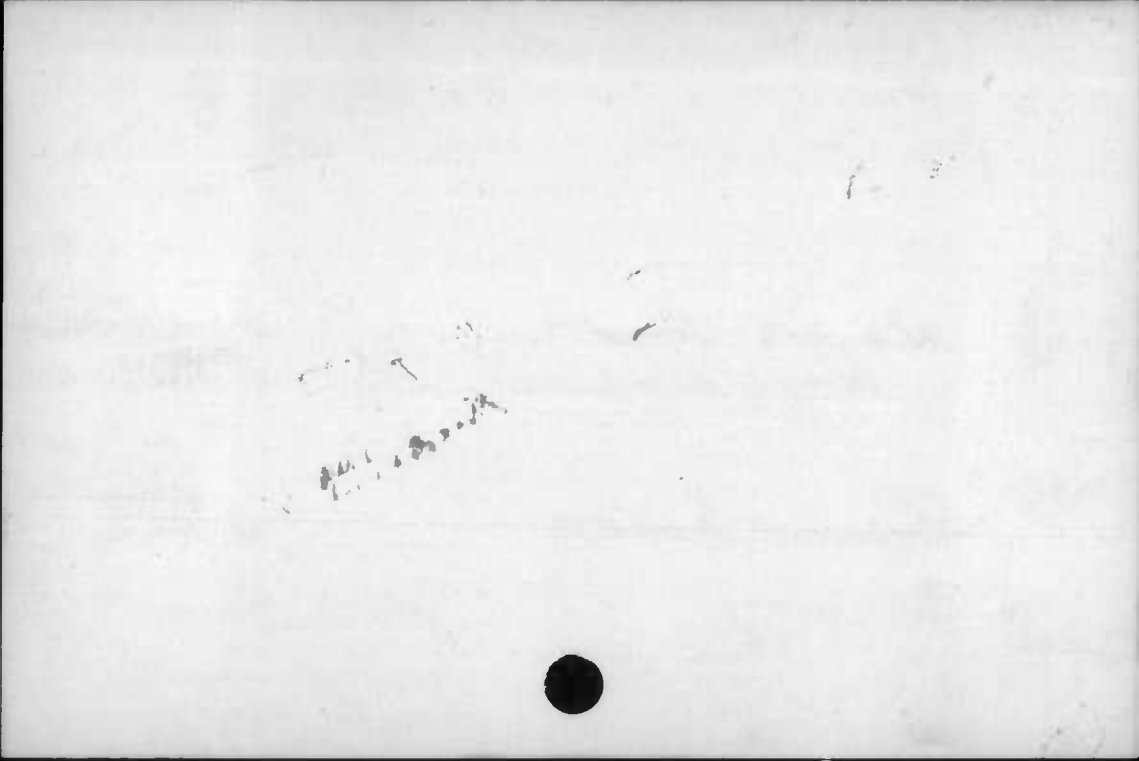
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bury</u> Town		County <u>Chesapeake</u>		MARYLAND	
Date of death	1909	Month	June	Day	12
Age	Years		Months		Days
Sex	Female		Color or Race	Caucasian	
Occupation			Birth-place	Ind	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Malassimilation</u>	How long	<u>21 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>G. O. Mowbray</u>	
Address		<u>Ward of Md.</u>	
Accident or Suicide?			



Name
in
Full

Harnish-Mack

CERTIFICATE OF DEATH

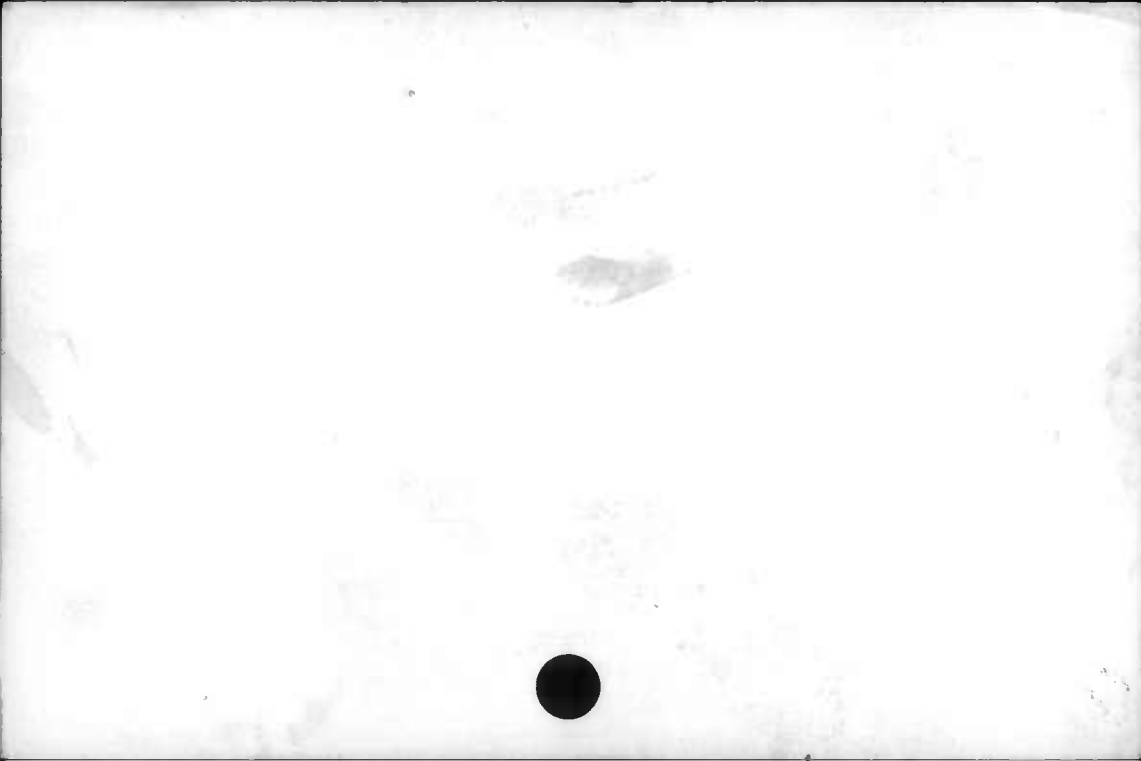
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Anytown</i>		County <i>Chaplin</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
1909	June	28	87		
Sex	Color or Race	Birth-place			
<i>Female</i>	<i>colored</i>	<i>md</i>			
Occupation	Where Residing if not at place of death				
<i>Former Servant</i>	<i>—</i>				
Married, Single or Widowed	Name of Wife or Husband				
<i>Widow</i>	<i>Wm Mack (deceased)</i>				
Father's Name	Father's Birthplace				
<i>Do not know</i>	<i>Do not know</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Mary Thompson</i>	<i>md</i>				
Name of person giving Information	How related to deceased				
<i>Wm Mack</i>	<i>Am</i>				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	<i>General debility</i>	154
		How long <i>2 years</i>
Immediate	<i>Weakness</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
<i>Yes</i>	<i>S. C. Carver M.D.</i>	
	Address	
	<i>Anytown, md.</i>	
Accident or Suicida		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

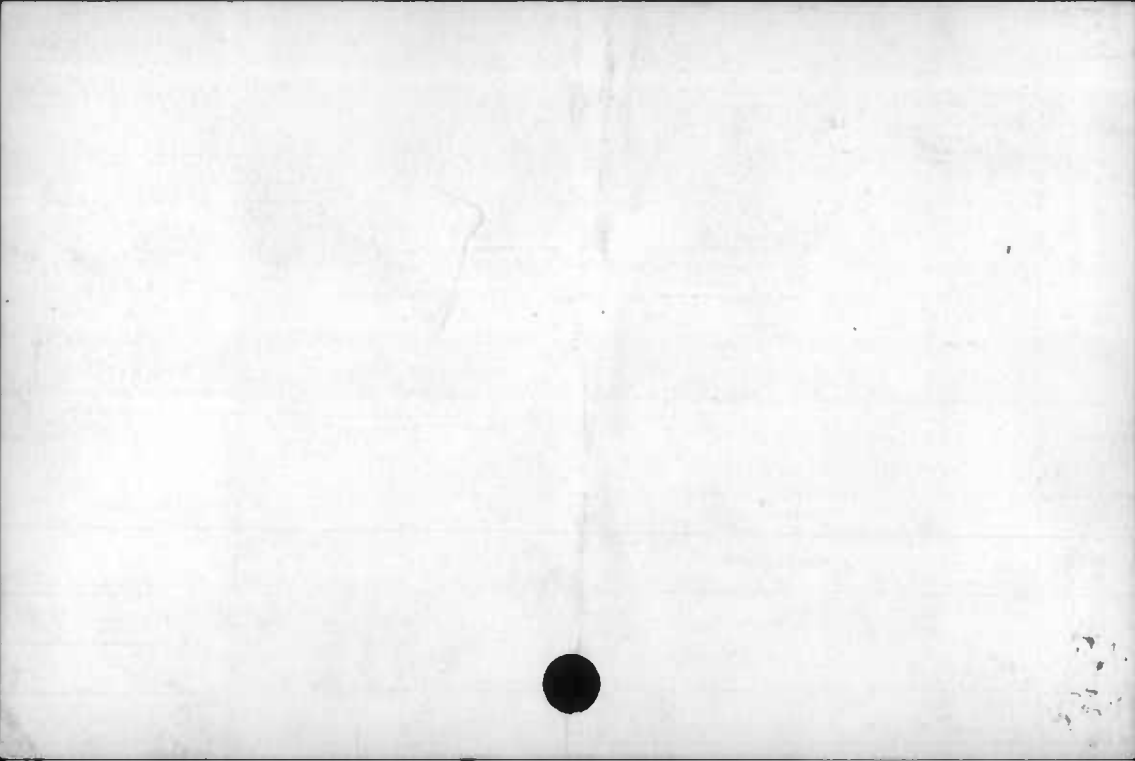
Died at *La Plata* *Cherokee* County
 Date of death *1909* *6* Month *28* Day *3* Years Months Days
 Sex *m* Color or Race *C* Birth-place *md*
 Occupation *none* Where Residing if not at place of death *—*
 Married, Single or Widowed *5* Name of Wife or Husband *—*
 Father's Name *Samuel Marshall* Father's Birthplace *md*
 Mother's Maiden Name *Liza Thomas* Mother's Birthplace *md*
 Name of person giving information *Samuel Marshall* How related to deceased *Father*

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary *Veritilum Dysphic.* How long *Life time*
 Immediate *Heat Aschemia, Heart Failure* How long *3 days*
 Are the name, age, sex, color, date and place correctly given above?
 Signature of Physician *D. L. Harmon*
 Address *La Plata*
 Accident or Suicide? *Yes* *md.*



Name
in
Full

Helen Louise Marshall

CERTIFICATE OF DEATH

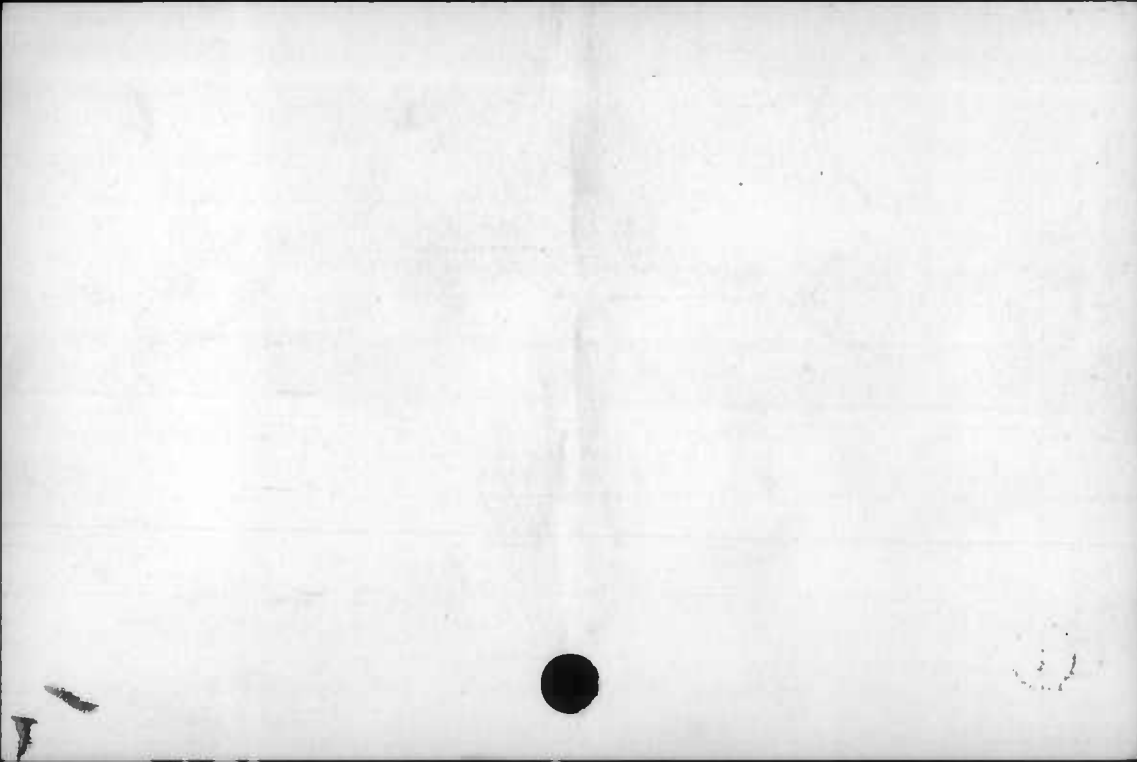
TO BE ANSWERED BY
NEAREST FRIEND

Died at		La Plata ^{Town}		Cherokee ^{County}		MARYLAND	
Date of death	1909	Month	6	Day	26	Age	Years 3 Months Days
Sex	F.		Color or Race	C		Birthplace	Ind
Occupation	Hom			Where Residing if not at place of death			
Married, Single or Widowed	S		Name of Wife or Husband				
Father's Name	Samuel Marshall					Father's Birthplace	Ind
Mother's Maiden Name	Elizabeth Thomas					Mother's Birthplace	Ind
Name of person giving information	Paul Marshall					How related to deceased	Father

CAUSES OF DEATH

36

Primary	Heredity Syphilis.	How long	Life time
Immediate	Aschem. Spasms	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	La Plata		
Accident or Suicide?	Ind.		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph L. Macpherson

Town *Waverly* County *Charles* MARYLAND

Died at *Waverly*

Date of death 1909 *June* Month *21* Day Age *—* Years Months *7* Days *—*

Sex *Male* Color or Race *Caucasian* Birth-place *Ireland*

Occupation *—* Where Residing if not at place of death *Waverly*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Joseph C. Macpherson* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary J. Lyons* Mother's Birthplace *Ireland*

Name of person giving Information *Joseph C. Macpherson* How related to deceased *Father*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *Asphyxia* How long *One month*

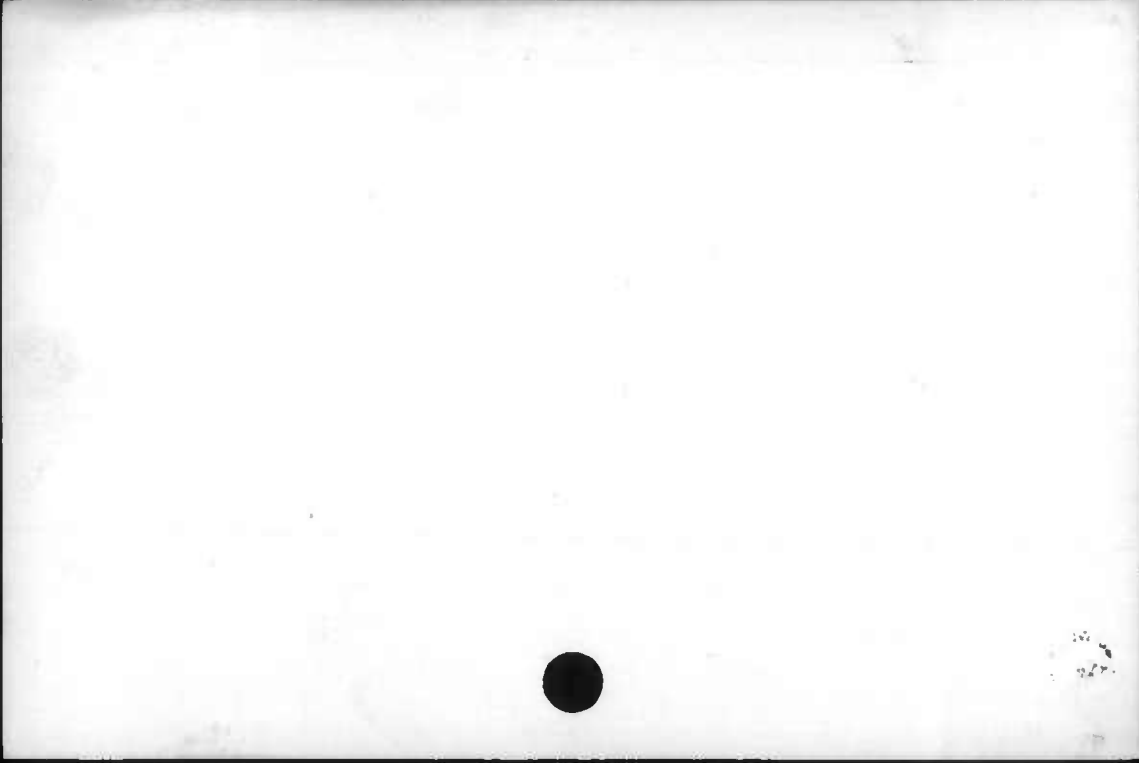
Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. O. Brown*

Address *Waverly*

Accident or Suicide *—*



Name
in
Full

James Munkster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

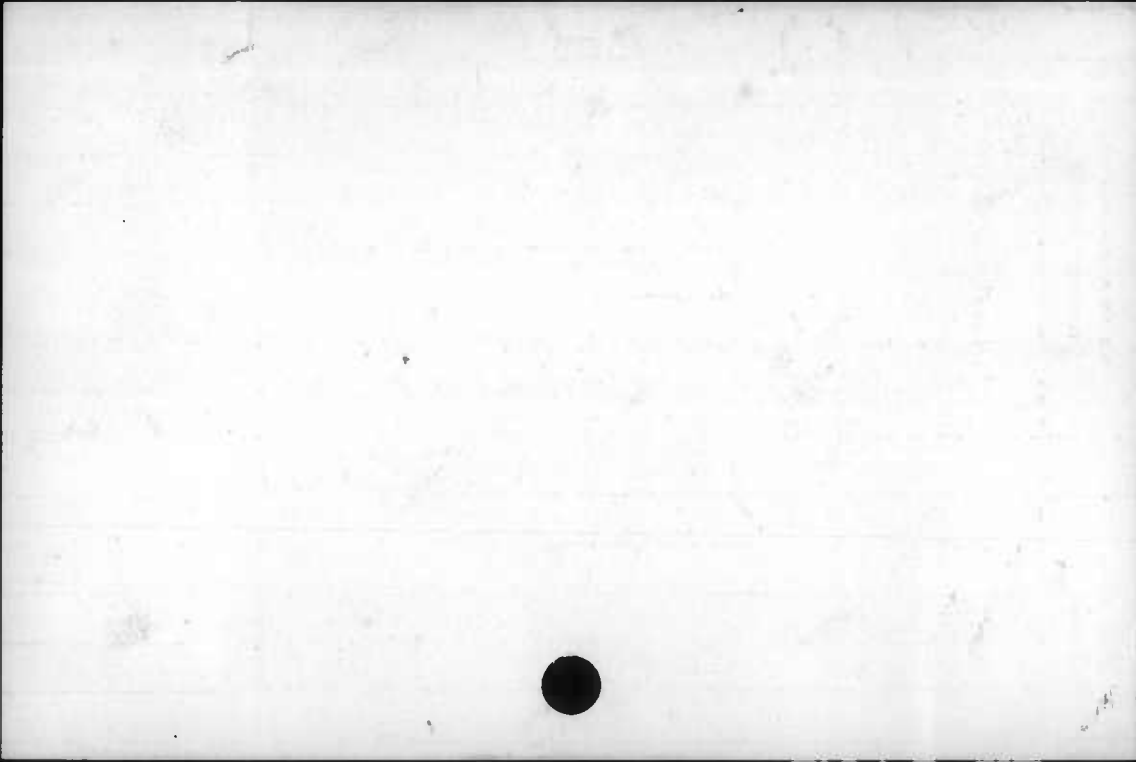
Died at <u>Naumoy</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND	
Date of death	<u>1909</u> ^{Month} <u>June</u> ^{Day} <u>23</u>	Age	<u>44</u> ^{Years}	<u>4</u> ^{Months}	<u>—</u> ^{Days}
Sex	<u>male</u>	Color or Race	<u>Black</u>	Birth-place	<u>md</u>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name		<u>James Munkster</u>		Father's Birthplace	<u>md</u>
Mother's Maiden Name		<u>Leanie Johnson</u>		Mother's Birthplace	<u>md</u>
Name of person giving information		<u>Joe Munkster</u>		How related to deceased	<u>Father</u>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Malnutrition</u>	How long	<u>4 weeks</u>
Immediate	<u>Bottle fed</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	<u>S. H. Speake</u>
		Address	<u>Grayton</u>
Accident or Suicide? <u>—</u>			



Name
in
Full

Daniel L. Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near La Plata</i>		Town <i>La Plata</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>6th</i>		Age <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Charles Co</i>		Months <i>4</i> Days <i>4</i>	
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Eugene L Morris</i>		Father's Birthplace <i>Charles Co</i>					
Mother's Maiden Name <i>Corrinne B. Sanders</i>		Mother's Birthplace <i>Charles Co</i>					
Name of person giving Information <i>Eugene L Morris</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

105

Primary	<i>Cholera infantum</i>	How long	<i>week</i>
Immediate	<i>General exhaustion collapse</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. B. Owen M.D.</i>	
		Address <i>La Plata Md</i>	
Accident or Suicide <i>no</i>			

PHYSICIAN
OR CORONER

Book 10
1880-1881
Dr. H. P. Clark

Name
in
Full

Thomas A. O'Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

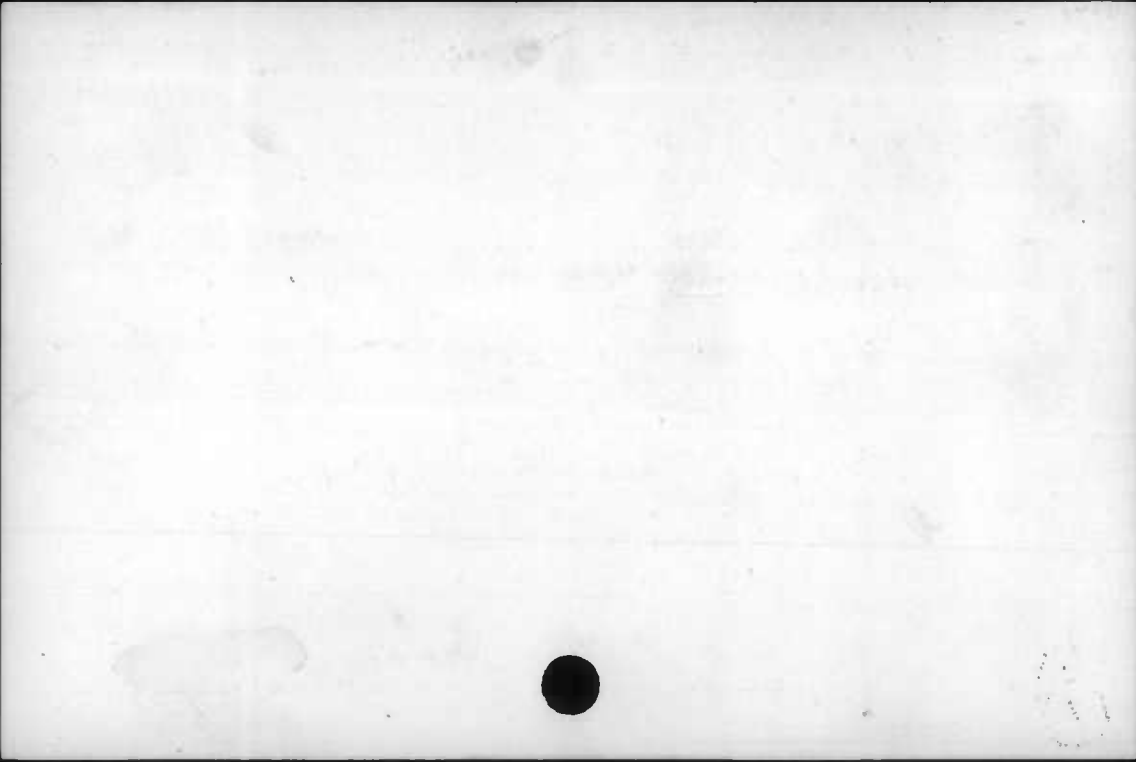
Died at <u>Bryan town</u> ^{Town}		<u>Chesley</u> ^{County}		MARYLAND	
Date of death	<u>1909</u> ^{Year}	<u>June</u> ^{Month}	<u>22nd</u> ^{Day}	Age <u>78</u> ^{Years}	Months <u>—</u> Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Ind</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Washington, D.C.</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>— unknown</u>				
Father's Name <u>James O'Bryan</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Lucia Walter</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Lillian Cunningham</u>	How related to deceased <u>daughter</u>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Organic disease of heart -</u>	How long <u>10 yrs</u>
Immediate <u>Heart failure</u>	How long <u>20 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>L. C. Carver M.D.</u>
	Address <u>Bryan town, Ind.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

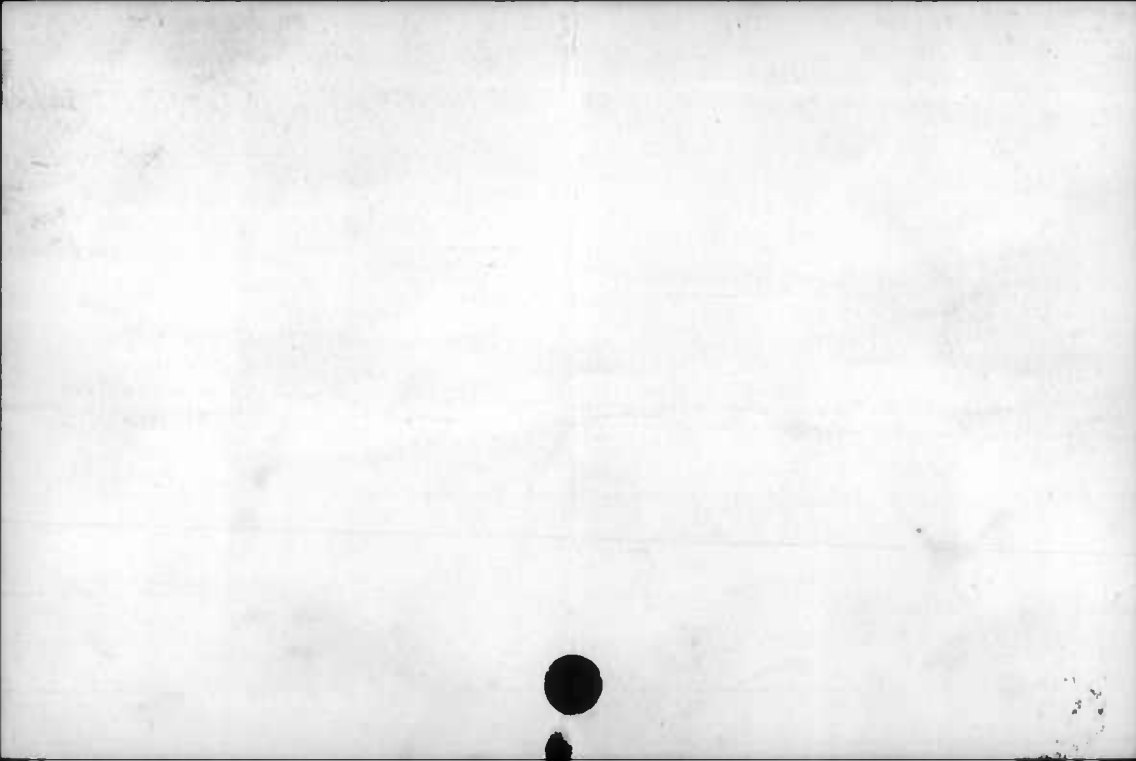
Name in Full <i>John Owens</i>		Town <i>Benedict</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Benedict</i>		Date of death <i>1909 June 6</i>		Age <i>24</i>		Months Days	
Sex <i>male</i>		Color or Race <i>Cocoon</i>		Birth-place <i>ind</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Owens</i>		Father's Birthplace <i>ind</i>					
Mother's Maiden Name <i>Mary Owens</i>		Mother's Birthplace <i>ind</i>					
Name of person giving information <i>Wm Owens</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phtisin Pulmonalis</i>	How long <i>12 months</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. C. Amick M.D.</i>
	Address <i>Bryantown, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Maria E. Procter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at La Plata ^{Town} Charles ^{County} **MARYLAND**

Date of death 1909 ^{Month} June ^{Day} 8 Age 48 ^{Years} — ^{Months} — ^{Days} —

Sex Female Color or Race colored Birthplace Charles Co

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband W. E. Procter

Father's Name John Adams Father's Birthplace Charles Co

Mother's Maiden Name Rachael Simmons Mother's Birthplace Charles Co

Name of person giving Information W. E. Procter How related to deceased husband

CAUSES OF DEATH

27

Primary Tuberculosis How long 1 yr

Immediate asthenia How long 3 mos.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Thos S. Owen M.D.
La Plata
Ind

Accident or Suicide

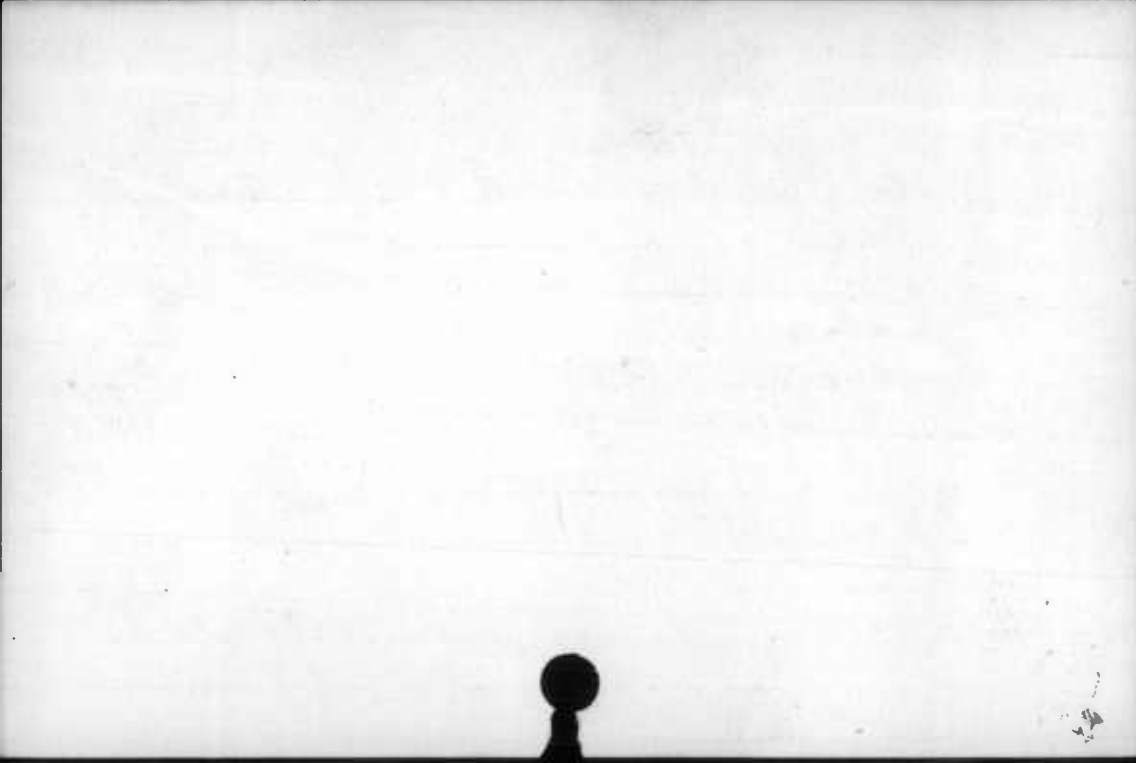
no

PHYSICIAN
OR CORONER

1



Name in Full		Peter Williamson Roby				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Bel Alton		County Charles		MARYLAND		
	Date of death	1909	Month June	Day 14	Age 70	Months 6	Days 20	
	Sex	Male		Color or Race	Caucasian			
	Occupation	Farmer			Birth-place	Charles Co.		
				Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband Fannie S. Roby				
	Father's Name	Charles Co. Roby				Father's Birthplace	Charles Co.	
Mother's Maiden Name	Mary Boswell				Mother's Birthplace	Charles Co.		
Name of person giving information		Halter Thompson				How related to deceased	Nephew	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(66)</div>								
PHYSICIAN OR CORONER	Primary	Arteriosclerosis					How long	
	Immediate	Hemiplegia					How long	8 days.
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. Spencer	
					Address		Bel Alton Md.	
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

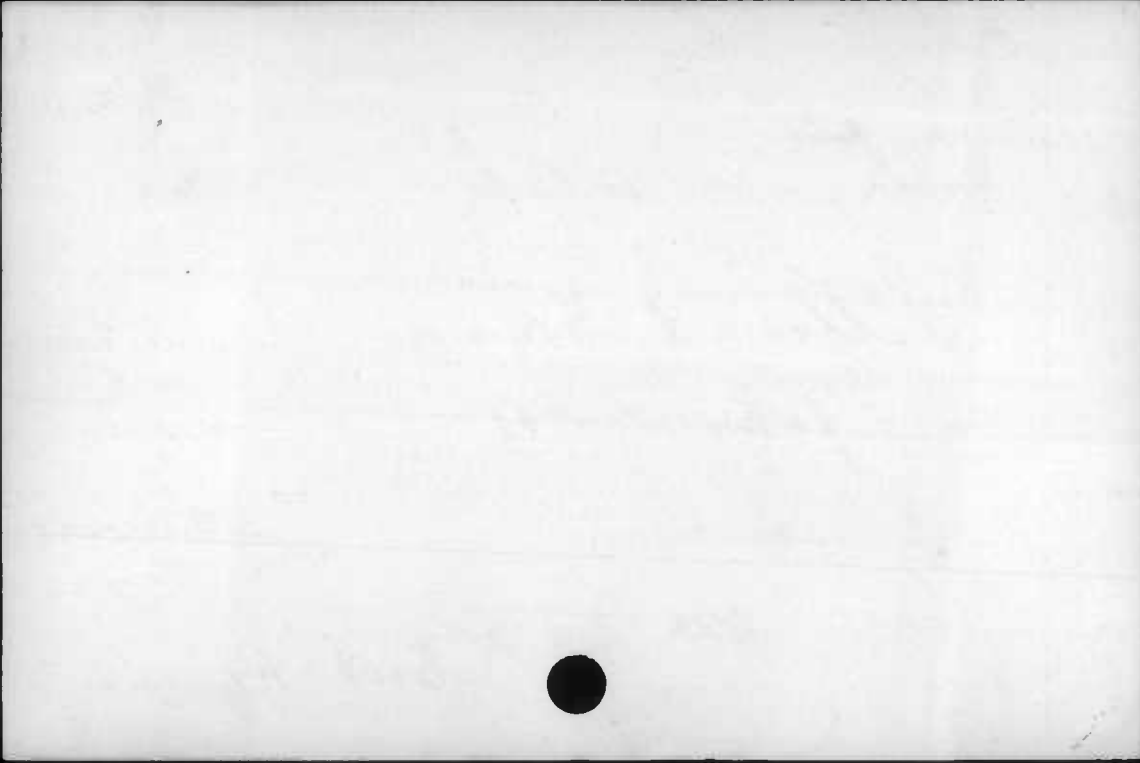
Name <i>John Wesley Saunders</i>		Town <i>nanjemoy</i>		County <i>Charles</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>26</i>		Years <i>11</i>	
Date of death <i>1907</i>		Age		Months		Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>Ind</i>			
Occupation <i>C</i>		Where Residing if not at place of death <i>C</i>					
Married, Single or Widowed <i>C</i>		Name of Wife or Husband <i>C</i>					
Father's Name <i>John Saunders</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Clara Craig</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving In formation <i>John Saunders</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

87

PHYSICIAN
OR CORONER

Primary <i>Deaf Cold</i>	How long <i>8 or 10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James M. Whedder</i>
	Address <i>Sub - Registrar</i>
Accident or Suicide? <i>C</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

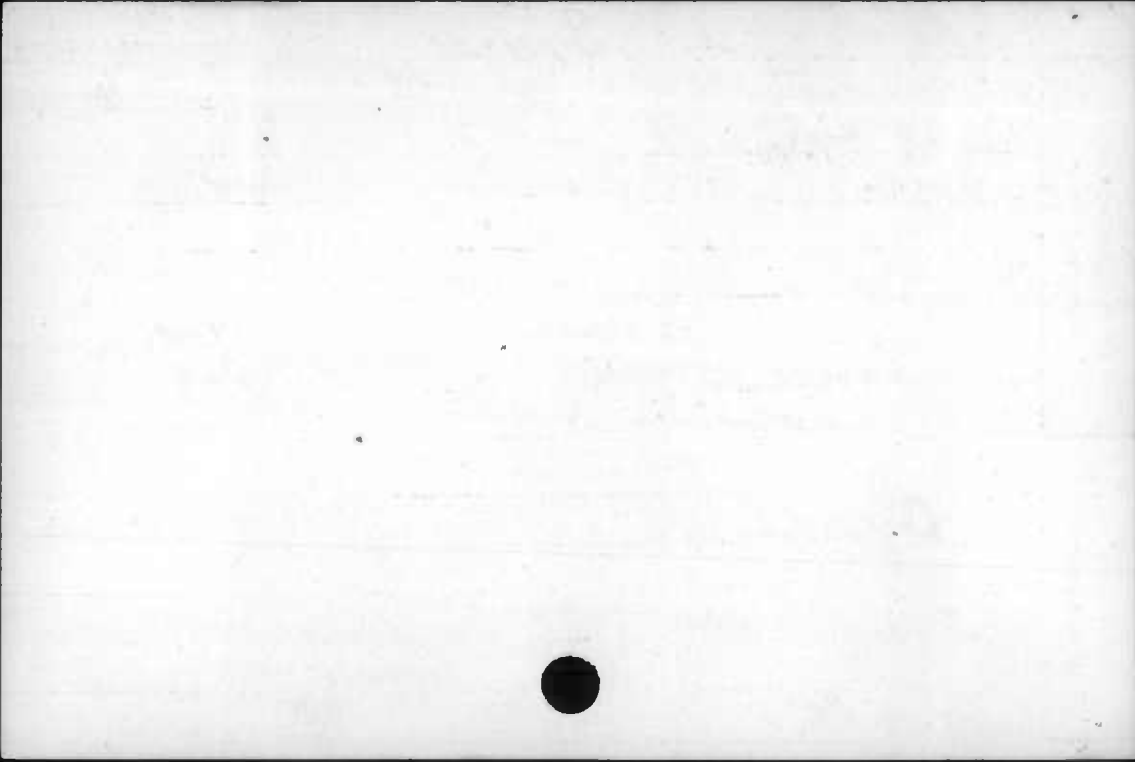
Name in Full <i>Clay Skinner</i>		Town <i>Cross Roads</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Died at <i>Cross Roads</i>		Month <i>June</i>		Day <i>3</i>		Age <i>38</i>	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>3</i>		Age <i>38</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>unoccupied</i>		Where Residing if not at place of death <i>()</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William L Skinner</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Gracy Maddox</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>John W cot</i>		How related to deceased <i>uncle</i>					

CAUSES OF DEATH

70

PHYSICIAN
OR CORONER

Primary <i>Spasms</i>	How long <i>35 years</i>
Immediate	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James M. Wheeler</i>
	Address <i>Sub-Registrar</i>
Accident or Suicide? <i>()</i>	



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Died at *Hamlet* Town

County Charles

MARYLAND

Date of death 1904 June

Age	Years
-----	-------

Months
4

Days

Sex Male

Color or Race Bleak

Birth-place *Qor*

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Nama of Wife or
Husband

Father's Name Fredrick Small

Father's Birthplace *Ind*

Mother's
Maiden Name Lane Bland

Mother's Birthplace *Ind*

Name of person giving information *Small*

How related to deceased	Father
-------------------------	--------

CAUSES OF DEATH

Primary *Diphtheria*

How long 4005 days

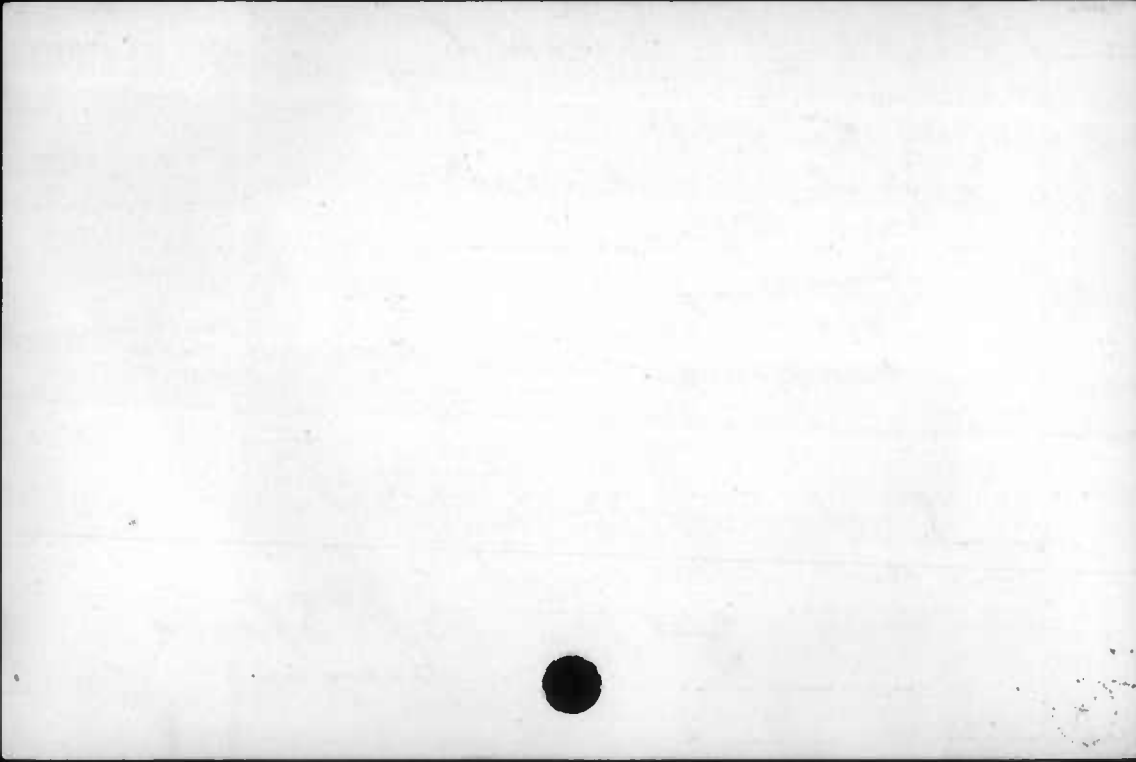
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James M. McCall*

Address Sub-Registrar

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Harriet Small

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

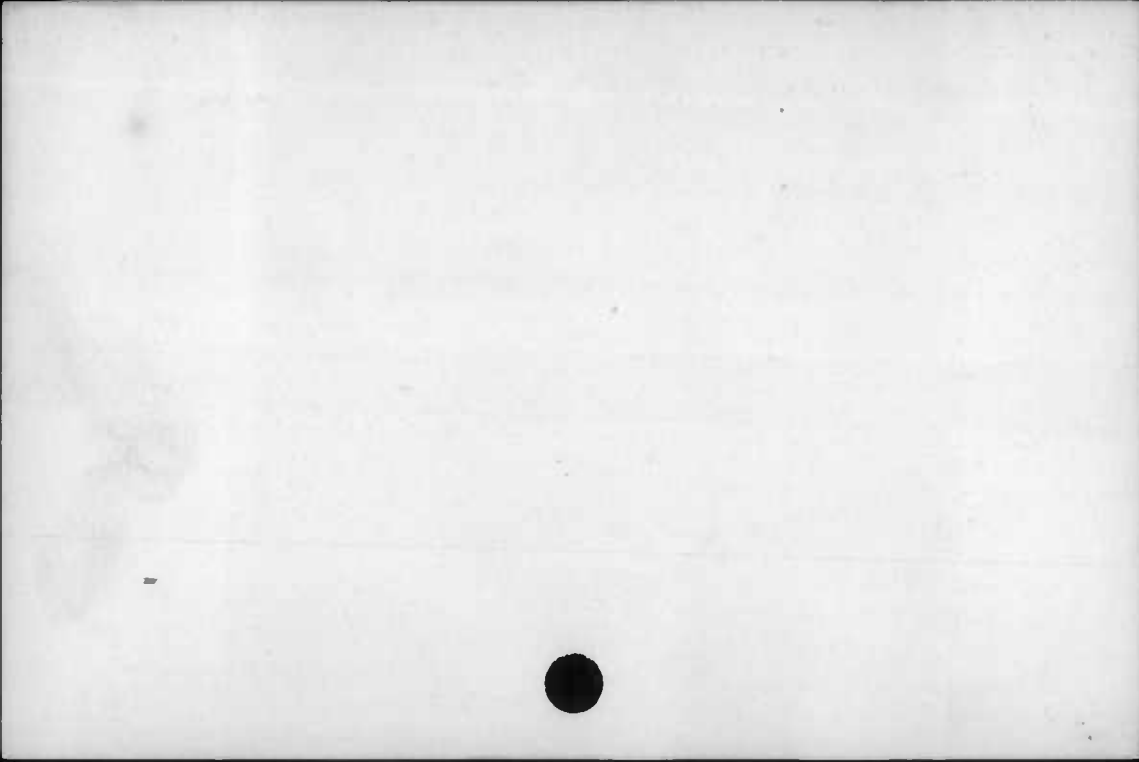
Died at <i>Nanjanny P.O.</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>June</i>	Day <i>17</i>	Age <i>46</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>va</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>c</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles H Small</i>				
Father's Name <i>Basset Burney</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information		How related to deceased			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Dropsy with Heart</i>	How long <i>1 year or more</i>
Immediate <i>and other complications</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. H. Speake</i>
	Address <i>Grayton</i>
Accident or Suicide?	



Name

in
Full

May Ann Elizabeth Spalding

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

of death

1909 June

Month

Day

19

Years

Age

47

Months

6

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Basile Wm Spalding

Father's
Name

Francis B. Green

Father's
Birthplace

Ches. Co. Va.

Mother's
Maiden Name

Virginia Wood

Mother's
Birthplace

Washington D.C.

Name of person giving
Information

Lewis Spalding

How related
to deceased

Step Son

CAUSES OF DEATH

47

Primary

Pneumoniae Fever

How long

Six weeks

Immediate

Heart Disease

How long

Two weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. W. Hildner M.D.

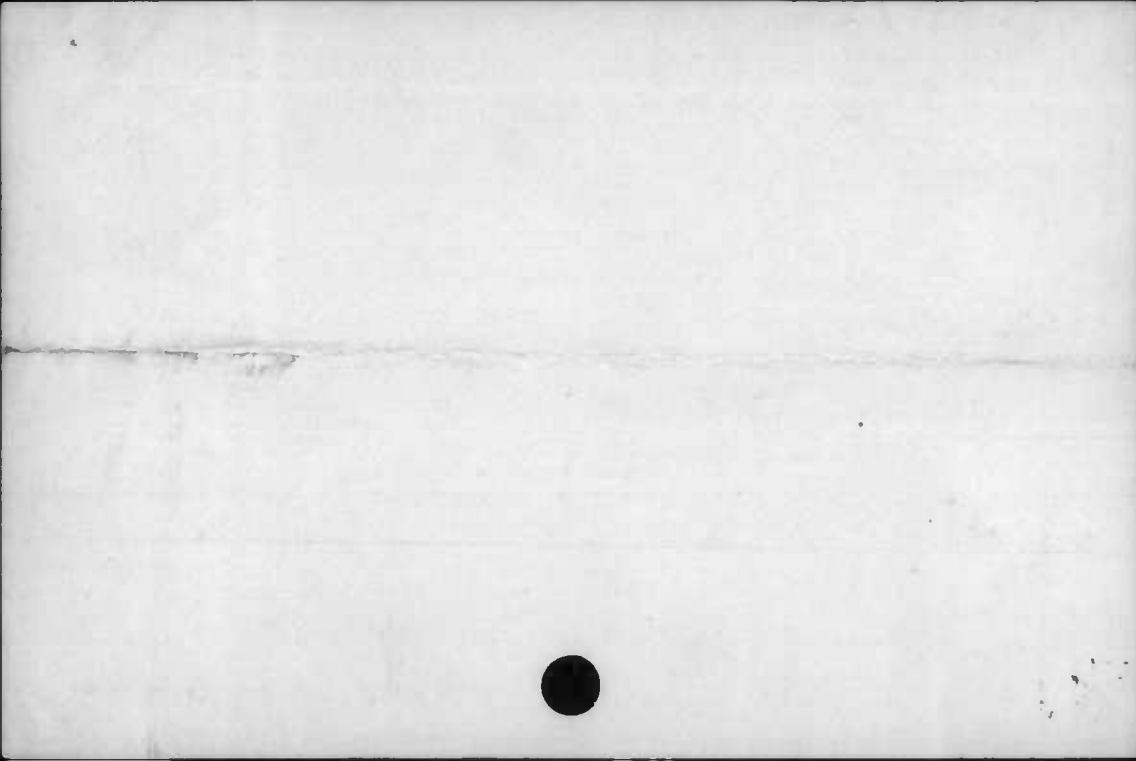
Address

Pomoxing Md.

Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Doncaster,*

Town

County *Charles*

County

Date
of death *1909*Month *June*Day *12*

Age

Years *65*

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Charles Co. Md.*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
~~Husband~~*(1) Sarah Badgett Speake.
(2) Nancy Wilson Speake.*Father's
Name*Thomas Speake*Father's
Birthplace*Charles Co. Md.*Mother's
Maiden Name*Mary Lee*Mother's
Birthplace*King George Co. Va*Name of person giving
information*James L. Speake*How related
to deceased*Son.*

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

Rheumatism - Arteriosclerosis - Nephritis.

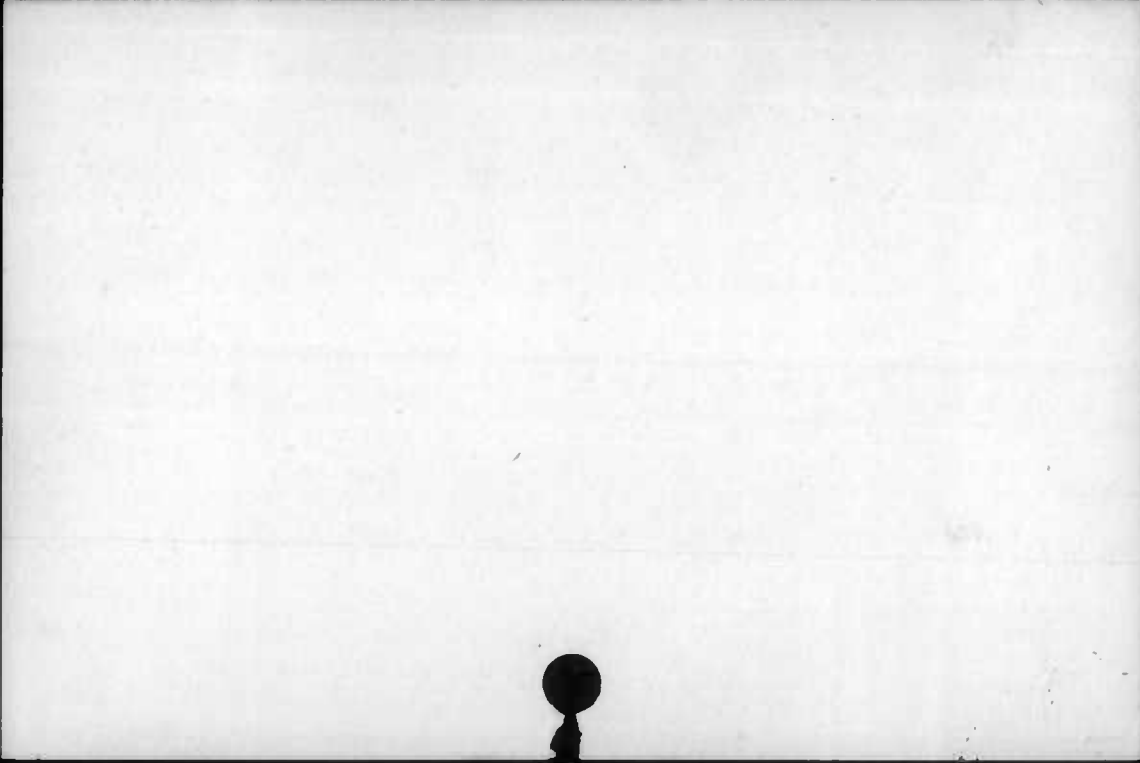
Immediate

*Cerebral Hemorrhage.*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Geo. B. Picknell, M.D.
Pisgah,
Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

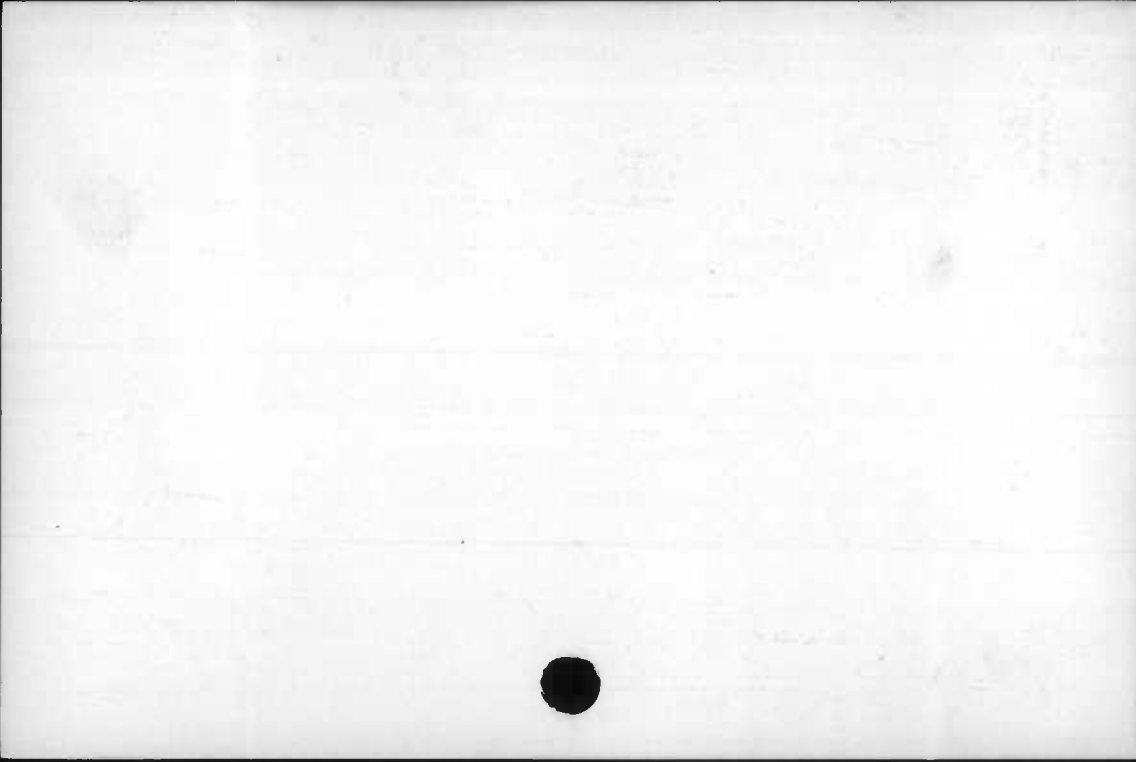
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neenewburg</i>		Town		County <i>Shades</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>6</i>		Day <i>2</i>		Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Shades Co</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>J. B. Welch</i>		Father's Birthplace <i>Shades Co</i>					
Mother's Maiden Name <i>Hannah Franklin</i>		Mother's Birthplace <i>Shades Co</i>					
Name of person giving information <i>J. B. Welch</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>		How long <i>8</i>	
Immediate		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Peter N. Roby J. Peace</i>	
		Address <i>Bed Altan</i>	
		<i>M. d</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mary. Whalen

Town

Newport

County

Charles

MARYLAND

Date

of death 1909

Month

June

Day

2

Age

Years

Months

Days

21

Sex

Female

Color or
Race

Colored

Birth-
place

Charles

Occupation

none

Where Residing If not
at place of death

Charles

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Anna, Whalen

Father's
Birthplace

Charles

Mother's
Maiden Name

Cora Butler

Mother's
Birthplace

Charles

Name of person giving
In formation

Jack Campbell

How related
to deceased

none

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Spasms

How long

4 Days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

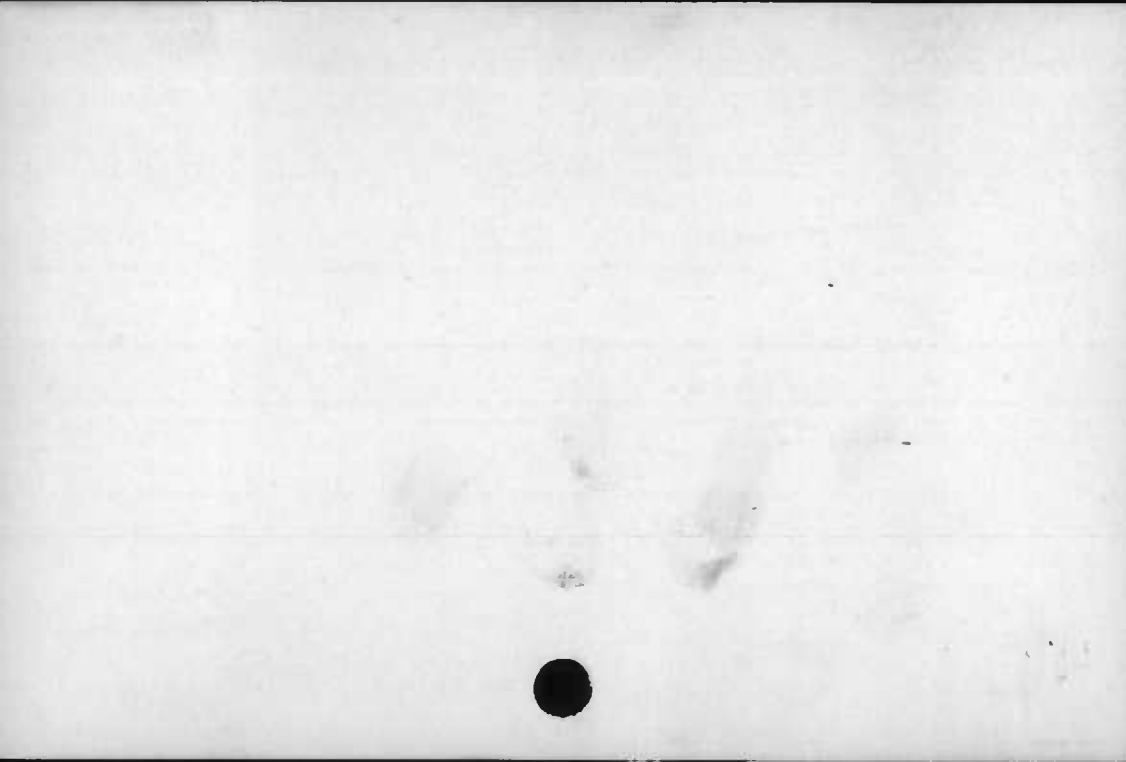
yes

Signature of
Physician

Address

W. S. Gales
Curt Ry

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Mrs. W. W. Wheeler

MARYLAND

Died at ^{Town} near Brayton^{County} Charles

Date

of death

1909

Month

June

Day

8

Age

Years

40

Months

—

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Home wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of
Husband

W. W. Wheeler

Father's
Name

Thos. B. Hodges

Father's
Birthplace

Md

Mother's
Maiden Name

M. Nannie Delight

Mother's
Birthplace

Md

Name of person giving
Information

W. W. Wheeler

How related
to deceased

Husband

CAUSES OF DEATH

43

Primary

Sarcoma (Cancer of breast) 4 mo. after
operation

Immediate

Are the name, age, sex, color, date
and place correctly given above?

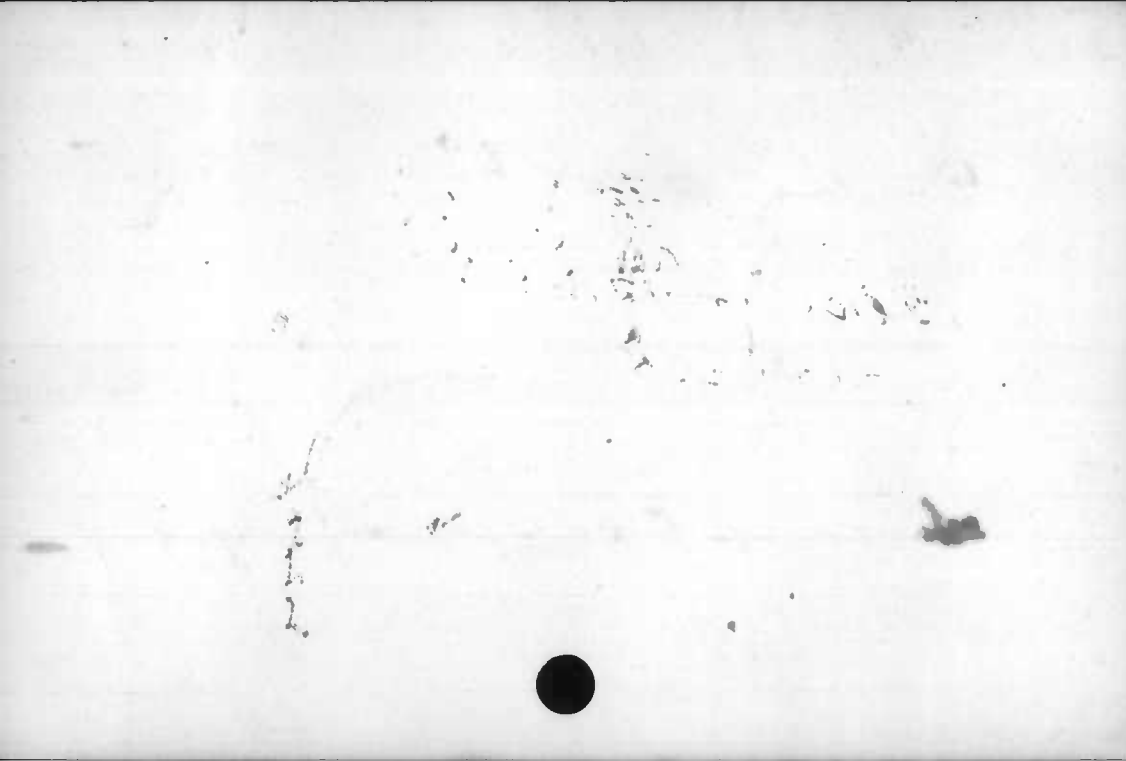
yes

Signature of
PhysicianS. H. Spake
Brayton
Md

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OF CORONER



Name
in
Full

Charles Henry Willett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bolton Town

Charles County

MARYLAND

Date

of death 1909

Month

6.

Day

23

Age

Years

54

Months

Days

Sex

m.

Color or
Race

White

Birth-
place

md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

S.

Name of Wife or
HusbandFather's
Name

William Willett.

Father's
Birthplace

md

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
In formation

Edward Adams

How related
to deceased

Friend

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary

Enteric Colitis, Dysentery, Chronic

How long

Two years

Immediate

Anemia, Heart Failure, 10 days

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Paul L. Harmon

Address

La Plata md

Accident or Suicide?

Outland country

C. Posy undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel J. Young*

Town *La Plata* County *Charles*

Died at *La Plata*

Date of death *1909* Month *6* Day *7* Age *73* Years Months Days

Sex *m* Color or Race *c* Birth-place *md*

Occupation *Farmer* Where Residing if not at place of death *-*

Married, Single or Widowed *m* Name of Wife or Husband *intention*

Father's Name *not known* Father's Birthplace *md.*

Mother's Maiden Name *Dusan Young* Mother's Birthplace *md.*

Name of person giving information *Samuel Young* How related to deceased *son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Senile -* How long *about one*

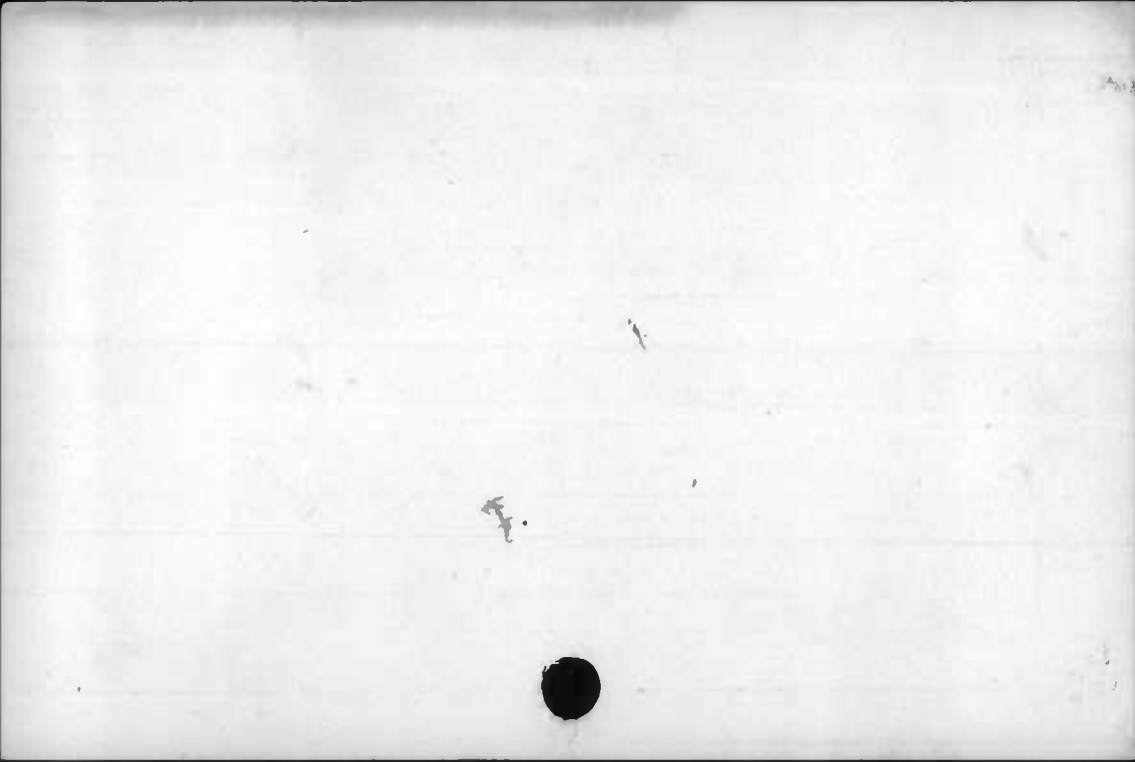
Immediate *Heart Failure* How long *year*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Samuel L. Harmon*

Address *La Plata md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Young* Town *Sevier* County *Clark*

Died at *Sevier* *Clark*

Date of death 190 *9* Month *June* Day *21* Age *63* Years Months Days

Sex *male* Color or Race *Caucasian* Birth-place *Ind.*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Martha Young*

Father's Name *Arvon Young* Mother's Birthplace *Ind.*

Mother's Maiden Name *Anne Bush* Mother's Birthplace *Ind.*

Name of person giving Information *Afred Young* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Phthisis Pulmonalis* How long *27* *2 years*

Immediate *Pulmonary Oedema* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *L. E. Carries M.D.*

Address *Dayton, Ind.*

Accident or Suicide ☐

PHYSICIAN
OR CORONER

